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EXTRACTION OF NEEDLES, &c., FROM THE HUMAN BODY.

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[Communicated for the Boston Medical and Surgical Journal.]

IN July, 1855, I was called to a single woman, aged 44 years. She was quite fleshy. She complained of great pain and tenderness in the lower part of the abdomen. The lady with whom she had resided for the last fifteen years, informed me that she was insane about ten years ago, and a part of the time in close confinement, but since then was thought to have been rational; that for several years past she had had frequent turns of vomiting a substance about as thick as paint, of a chocolate color (in the opinion of the medical attendant, not blood), and large quantities of bloody pus and other matters; that she had discharged something of the kind *per anum*, and that not long before I was called she had discharged, and had taken, from the rectum *several pounds of a light mahogany-colored substance, in masses or lumps*, of various forms and sizes; also, that about the same time she was troubled with a hard and rather painful swelling in the region of the sigmoid flexure, attended with a sense of weight and dragging down, especially when lying on the opposite side; and that the swelling and pain had gradually subsided as the lumps were discharged.

Believing there were more of these lumps, I prescribed an active cathartic. The first discharges were feculent, followed by more of the same kind of lumps; these last completely filled up the rectum, and caused great suffering. It was with difficulty I removed the largest, which measured *six inches in circumference*. Upon the surface of them was some mucus, and lard, which was used to facilitate their removal. They had evidently been permeated by an oil. Nothing of the kind has since been discharged. A specimen has been analyzed by C. T. Jackson, M.D., State Assayer, and the result at which he arrived is, that "this mass of matter is *dried brown ochre paint*." He "detected linseed oil."

A few days after the clearing out of the paint (so called), I removed

a common sewing needle, about an inch below the ensiform process. She has since suffered much from nervous irritation caused by numerous needles, as the event has proved. For, during the last twelve months, *one hundred and twenty-three needles, twelve halves or fractions of needles, and two headless pins, have been extracted.* A large proportion of them were taken out from the region of the stomach and abdomen, following in the track of the colon, and many in the immediate neighborhood of the sigmoid flexure. They have also been extracted from other parts of the body and a small number from the limbs; viz., neck, just below the breast, back, loins, just below the left hip, upper and inner part of the thigh, labia pudendi, urethra, perinæum and sphincter ani. One only has been removed from below the knee. One of the largest needles was removed this day, from just below the navel; it has troubled her for a long time, and was situated deeply and obliquely, with the point towards the surface, the point having been bent in the extraction. Some few more can be just felt, but they are too deep to be extracted at present.

The needles varied much in size, and were found in different positions; many were perpendicular to the axis of the body, with points presenting—others more or less oblique—some with eyes broken, some with points broken, and a few without either points or eyes. Probably some were broken off when extracted, as were some of the needles. A few of them have undergone little or no change; but by far the largest number are slightly oxidized, having lost their brightness and become brittle; others are more or less corroded. This difference may be owing to the degree of purity of the metal and their locality.

The motion of the needles, no doubt, depended very much upon their situation, and the action of the muscles; for strong muscular action (no matter from what cause) was almost sure to bring forward a crop of needles—that is, force them nearer to the surface, some very near, while others were scarcely perceptible, requiring a rather tedious and painful operation. Eight is the largest number extracted in one day, or at one visit.

A question naturally arises, whether the needles and paint were swallowed, or introduced from without? This question cannot be satisfactorily solved, for I have not been able to obtain information affording the least light in regard to this subject, and must therefore rely upon circumstances and facts as they have become manifest.

Not the least mark or trace of a needle, or any other thing, having been forced through the skin from without, has been discovered, notwithstanding the frequent minute examinations made for that purpose; and within twenty-four hours after such examinations, several needles have been taken out from the part of the body examined, having the same blackened appearance. Had they, a few days previous, been forced through the skin, it would seem almost impossible that the trick should have escaped detection. There are other facts and circumstances which would seem to sustain both

sides of this question, but for the want of time and space they must be omitted.

Taking all things into the account, I am inclined to the belief that she did swallow, at least, a portion of the needles (probably in papers), and large quantities of the paint, and did introduce some from without, and, in fact, stuff herself not only with these articles, but with some small pebbles of quartz, which had been taken from the vagina before I saw her, and with whatever else came to hand. Whether sane or not at the time, is not known, in all probability not; for of all things needles would be about the last any sane person would think of swallowing, or forcing in from without in such numbers. It has occurred to me, whether, if the needles were swallowed, they might not have remained a long time in the paint, and thus been preserved, or protected from the corrosive effect of surrounding substances. I have recently seen a part of a needle, which was taken from the forefinger, nearly six months after it was accidentally forced in. It had not changed at all, except having lost its brightness. I have scarcely a doubt that they may, under some circumstances, remain in the body for a long time, perhaps for years, without much change by oxidation. In regard to this very extraordinary case of needles, I will, in conclusion, just observe that, no doubt, a very small number of needles remain to be extracted, which are not accessible at present.

The needles and a specimen of the paint have been deposited in the Cabinet of the Boston Society for Medical Improvement.

Nantucket, Mass., July 26th, 1856.

MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF INDUSTRY.—NO. XIII.

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THE INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

Puerperal Disease.—(Continued.)

CASE IX.—A. F., æt. 20, Nova Scotian, unmarried, domestic, was confined in the lying-in ward, 31st March, 1850, with her first child, a girl. Presentation of head, left occipito-cotyloid position. Length of first stage, five hours; of second, four and a half hours; of third, twenty minutes. Pulse, immediately after labor, 76, and good. The next day the bowels were freely opened by castor oil. Diet, bread and tea.

She did well until April 3d, when the milk began to be secreted. That morning she had headache, and, at 3, P. M., nausea. At 5, P. M., she was lying on back, countenance anxious, pulse from 130 to 140, skin warm and moist, tongue moist, with a very thin coat, except at tip and edges, which were clean. Abdomen somewhat tender over uterus, and in both iliac regions. Lochia diminished; urine free; no chill. Sulphate of quinine, gr. v. every three hours. Hop fomentations to abdomen.

April 4th.—Pulse 140, quite small, not very hard; skin hot and dry; tenderness increased in extent and degree; respiration 34, with an occasional sigh; face anxious; nausea; no dejection. Has taken gr. xxviii. of quinine. Increase dose of quinine to gr. iv. Castor oil.

3, P. M.—Pulse, 128, and better; skin warm and moist; countenance less anxious; tenderness of abdomen less; the uterus is felt four inches above pubis; redness and thickness of skin of external organs and inside of thighs. Several dejections. Omit quinine for the present.

5th.—Pulse 112. Was frightened last night by an alarm of fire, and got out of bed. Respirations, 24, wholly thoracic; uterus reaches nearly to umbilicus; countenance less anxious. Quinine, gr. ij. every two hours. Fomentations.

6th.—Pulse 112. Tongue rather dry. Pain and tenderness not felt, even on severe pressure.

8th.—Redness and swelling disappeared; veins of lower extremities not to be felt. Wine and water. The quinine was continued, and she continued to improve, though with frequent fluctuations, till May 8th, when she was removed by her friends. On that day she complained of pain in the left iliac region, where a hard, irregular tumor was felt. The abdomen was still tympanitic. A few weeks afterwards she was quite well, and returned to her work as a domestic.

Non-puerperal Peritonitis.

The three following cases of peritonitis are interesting; one of them, because fatal with exceedingly mild symptoms, the other two as following so directly after the use of the potential cautery, then so commonly applied, and even now used with unnecessary frequency.

Acute Peritonitis, with mild Symptoms.—R., a widow, æt. 55, an inmate of the House, was admitted to the female hospital, Feb. 2d, 1850. She was a large woman, and very fat; previous health perfectly good. Complains of headache, nausea and constipation; has also had "ague turns." The difficulty was supposed to be indigestion, and she was ordered a scruple of ipecacuanha, and six grains of calomel. The emetic operated thoroughly, but the vomiting continued after it should have ceased. No dejection.

Feb. 3d.—She had an enema, which came away without bringing any fecal matter. The abdomen was examined by the hands, and pressed with considerable force, but no tenderness was indicated, though it caused a sensation of desire to evacuate the bowels. The constipation and other symptoms not being relieved, a quarter of a drop of croton oil was given on Feb. 6th, which produced the desired effect. She did not seem, at the time of the visit, to be very sick. The pulse was rapid, indeed, but the skin was cool and moist. There was excessive thirst and no appetite. No examination was made by the hand after the 3d inst., but there was neither pain nor tenderness spoken of by the patient. The mind was per-

fectly clear up to the evening of the 3d, and on that morning she expressed herself as "better." The principal complaint was of a desire to evacuate the bowels, and of nausea, which, with vomiting, continued more or less severely, at times, till 3, A. M., Feb. 7th, when she died. The nurse was entirely ignorant of the symptoms preceding death. As a rare occurrence, it is worth stating that an examination was allowed. It was made twelve hours *post mortem*, by Dr. John C. Dalton, Jr., from whose notes the following particulars relative to the abdomen are taken.

Abdomen, natural in form. General peritonitis. Peritoneum quite pale in upper half, both intestinal and parietal. About the middle it begins to show a bright red, vascular arborization, which increases as we go downwards, and at the lower part of abdomen, and in pelvis, there is much bright red staining of the peritoneum. Soft, very thin, nearly colorless, recent, fibrinous adhesions everywhere, with occasional large, thick flakes of a semi-solid, yellow substance, like thick pus, or loose fibrin. These flakes are quite as abundant at the upper part, where there is no vascularity, as below, where it becomes intense; but the adhesions are decidedly more firm below, though everywhere quite recent.

Small intestines generally somewhat distended with air. A large knot of intestine, more vascular than other portions, has subsided to the upper part of pelvis, and is here adherent to the *right ovary*, which is situated in the *left groin*. This adhesion is the firmest of all those recently formed, but is easily separated by gentle traction.

Peritoneal cavity contains about six ounces of a thin, yellowish-brown, semi-purulent fluid, which has an intestinal odor, and a faint acid reaction.

The *right ovary* has a very firm adhesion to the *left groin* (anterior wall of abdomen), so that the *right* broad ligament and oviduct extend across the pelvis from the right side of the uterus to the place where the ovary is attached to the left groin. No sign of recent disease about the ovary, other than the general peritonitis.

Peritonitis after the use of Caustic to the Os Uteri.—M. McN., æt. 30, Irish, widow, entered the female hospital, April 7th, 1850, with pain in the small of the back. She suffers constantly from headache, and is confined to her bed at least half the time. Always constipated; appetite poor.

Examined by speculum, there was found retroflexion of the cervix, and ulceration. Astringent washes were used, and the parts were freely painted with tincture of iodine two or three times. Afterwards, the solid nitrate of silver was used.

May 17th.—Has been steadily improving till this day, with the exception of a slight soreness of throat for a few days past. This morning, a superficial ulceration, about the eighth of an inch in diameter, was made with potassa, cum calce, fusa on the anterior lip of the cervix, and it was afterwards dressed with lint and vinegar. Half a grain of morphia and two comp. cathartic pills were ordered.

At 2, P. M., the abdomen was very tympanitic, somewhat tender, and painful over left iliac region. Pulse 108, rather small; tongue moist, with a thin white coat; skin natural. The patient lies on her back; legs extended; countenance anxious. Has had no chill, but her feet have been cold. Was directed an enema of gruel and turpentine, as there has been no dejection for several days. The enema was repeated several times without effect. The tympanitis and tenderness increased, and she complained of cold, but was warmed by blankets and bottles of warm water. Sighs; says she shall not live till morning. Quinæ sulph. every two hours, if awake. Morphia, p. r. n.

18th.—Pulse 96, quite small and hard; tongue more dry; face flushed, but skin otherwise natural; tenderness and tympanitis as before; appears somewhat delirious; passed, last night, a large amount of natural looking urine; no dejection; she vomited frequently during the day; one very slight discharge from the bowels.

19th.—Pulse 116, quite feeble. Patient is depressed in spirits, and crying at times. Abdomen much less tympanitic, and less tender; one slight dejection; yellowish discharge from vagina. During the night she vomited about two pints of greenish fluid, and the same amount during the day.

21st.—Had five or six discharges, of natural color, from the bowels. Continued in the same condition, though gradually improving, till May 27th, when she was up and dressed.

June 9th.—Is still in hospital. Feels pretty well, but is weak, and has headache; has leucorrhœa, but not profuse. No movement of bowels except from medicine. Examined by speculum, the cervix came readily into the field, which was not the case before. Vaginal walls lax and covered with mucus. Os uteri open, and congested about the lips, which were of equal length. The os would easily admit the forefinger. The point cauterized on the 17th May was quite small, entirely healed, and distinguished from the rest of the cervix by its white color. The whole external mucous membrane of the cervix was smooth and shining, but not of abnormal color. Injections of solution of alum (3 ij. to Oi.) twice daily.

15th.—Examined with the speculum, and cervix uteri an inch and a half in diameter. Point of cauterization still visible, but smaller. Much mucous secretion from the cavity of the cervix. Thoroughly cauterized the cavity and its edges, for a third of an inch about the os, with solid nitrate of silver. She expressed some pain in the left side during the operation.

July 2d.—Cervix quite as large as at last examination. Whole surface swollen and cedematous. There is a small patch, apparently of lymph, half an inch in front and a little to the right of the os (seat of the first cauterization). Surface of posterior lip eroded at edge of os. Made a superficial slough, one third of an inch in diameter, nearly to the right of the os, with potassa, cum calce, fusa. Passed solid nitrate of silver into the cavity of the neck, and ap-

plied it thoroughly about the edges. Alum to be continued. Drs. John Ware and A. A. Gould were present.

15th.—The walls of the vagina were so lax that a good view of the cervix could not be obtained. It does not appear actively congested, but is not reduced in size. Continue the alum injections. Liq. potassæ gtts. xv. thrice daily. Patient did not improve. Was discharged in September, at her own request.

She was in the House again in October, and an issue was made in her back, over the left sacro-iliac synchondrosis, under which she had great pain and tenderness. Treatment did no good, and she was again discharged. I have seen her frequently since, but have made no examinations. Her difficulties have been gradually disappearing, *without* treatment, and she is now able to do house-work.

Cautery of Cervix Uteri, followed by Peritonitis.—F., æt. 20, single, probably a strumpet. In House of Industry for two weeks, complaining of pain in stomach, and other dyspeptic symptoms. Is large, fat, with clear skin and blue eyes. Catamenia every two weeks and profuse.

May 31st, 1850.—Examined her with the speculum. Cervix uteri very large, and much congested. No external ulceration. Profuse glairy mucous discharge from os uteri. Both cervix and os were touched with solid nitrate of silver.

June 1st.—A slough of the diameter of a dime was made on the anterior lip of the os uteri, with potassa, cum calce, fusa. She experienced much pain during the operation, immediately after which she took half a grain of sulphate of morphia. By her report, the abdomen began to swell in less than half an hour, and became painful. In the evening, pulse 88–92; the abdomen was greatly distended, and there was tenderness over the left lumbar and iliac regions, and immediately over the uterus, but little or none on right side, or over umbilicus; groaning constantly; respiration sufficiently abdominal; no discharge from vagina; no dejection. Has taken four grains of quinine, and one and a half grains of morphia. Apply blister to abdomen.

2d.—Had chill in the night. Pulse 102; respirations 40; tenderness more general, perhaps owing to the blister; pain as before; no dejection; no sleep; nausea this morning. In the evening, the respiration was much more labored; somewhat abdominal. Is in very low spirits.

3d.—Pulse 84. Slept four or five hours, and perspired freely in the night. Is very weak, and cannot speak aloud; abdomen more enlarged; no vomiting nor nausea; no dejection. Has taken, since yesterday morning, twelve grains of quinine and five grains of morphia.

4th.—Pulse 100, thrilling; little headache; no tinnitus; pain less; no dejection; urine free; seems better. She has had at no time the contracted countenance of a person in severe pain, though for some time she groaned with every breath.

From this time, she slowly improved. She continued to take large doses of quinine, morphia and wine. The morphia was omitted June 10th. The tympanitis continued till June 12th. On the 14th, she was up and dressed. Pulse 80; bowels free; complained of no pain. Was taking a grain of quinine every four hours. She was considered well of peritonitis. It was intended to make another speculum examination, preparatory to sending her to the House of Industry, but she eloped.

July 16th.—She called on me. Says she has been doing house-work. Made an examination with conical speculum. Os uteri small, and filled with colorless mucus. No congestion of mucous membrane. No hypertrophy. Says she has had hemorrhage, to greater or less extent, every day since I saw her on the 14th of June. Advised alum injections. I have no knowledge of her since.

INCOMPLETE TIBIO-TARSAL DISLOCATION FORWARDS.

[Translated for the Boston Medical and Surgical Journal, from the Gazette des Hopitaux, 29th March, 1856.]

A RARE and remarkable example of tibio-tarsal dislocation was presented at *La Charité*, lately, in the wards of M. Velpeau. M. Felix Guyon, house-surgeon, has kindly furnished us with the account of the case. We append his judicious clinical observations, which render any remarks from us unnecessary.

The patient, Victor Nurel, entered the Hospital on the 4th of February, 1856. He is 40 years old, of strong constitution, and habitually enjoys good health. He is a carman by occupation.

On the day of his entrance, he was at work piling bales of rags just discharged from his wagon; each of these weighed at least 400 pounds. The pile was already a high one, and the patient, mounted upon two packages, resting against each other, bent himself with much effort against a third package, which he wished to raise to a higher level, when another, thrown from the wagon, struck him upon the shoulders, pushed him forwards and passed over his head. Being supported by the bundle against which he was leaning, he did not fall; but his left leg caught between the bales upon which he was standing, and, although he was firmly fixed between them, his foot was brought to the ground by the force of the shock communicated to him from above. This was the work of a moment, and the wounded man, who heard a cracking sound and felt a sharp pain when his foot touched the ground, cried out that his leg was broken. It was necessary to remove the packages which lay upon him in order to disengage his leg. It should be mentioned that the bale which was thrown from the wagon, struck, and was held a moment by, the wheel; this saved the man, probably, from being crushed.

The following points were remarked, upon his entering the hospital, which he did immediately after the accident.

He could not walk ; the foot and leg lay upon their outer aspect, and a projection of the *calcaneum* was instantly remarked ; it seemed to pass the malleolus by double the usual distance. From the top of the internal malleolus to the extremity of the heel, upon the injured side, was three and one fourth inches ; upon the sound side, two and a half inches. From the end of the great toe to the top of the inner malleolus, upon the injured side, six and three tenths inches ; upon the other side, five and seven tenths inches. The circumference of the injured instep was eight and four tenths inches ; that of the opposite, seven and eight tenths inches. The foot was simply abducted. The inner malleolus was prominent, and beneath it was a depression, or hollow, into which the finger might easily be laid ; the ligaments seemed to be completely ruptured. The tibial mortice was carried forwards ; its anterior edge projected beneath the ligaments, and the articular surface of the tibia was easily felt on depressing the skin. Behind, the tension of the *tendo Achillis* made it impossible to ascertain the position of the posterior articular surface, relatively to the astragalus.

Posteriorly, the deformity was characteristic. There was an obtuse angle, looking backwards, one of its sides formed by the *tendo Achillis*, which, stretched from the top of the calcaneum, met the axis of the leg two fingers breadth above the inner malleolus in such a manner as to form a hollow at the lower part of the limb, with the concavity looking posteriorly. The outer malleolus retained its relations with the astragalus, the fibula being broken, two and a half inches from its inferior extremity. The upper fragment was drawn forwards ; without, however, wholly leaving the plane of the lower portion ; the top of the latter being slightly inclined forwards. so that, at the point of fracture, there was a depression in the form of a mortice, and a slight angle, with its summit looking forwards. The foot was so much swollen as to render an examination of the bony structures very difficult. Sleep was impossible on account of the severe pain.

M. Velpeau reduced the fracture and dislocation, at the morning visit, February 5th. An assistant held the foot with both hands, one grasping the heel, the other placed over the *dorsum pedis* ; a second assistant made the requisite extension. The limb was then maintained in extension ; traction being made in the direction of its axis ; and the reduction took place with the characteristic sound and without any difficulty, after a very short trial of the extension and with but little force. All deformity disappeared, and the two fractured extremities of the fibula were found in complete contact.

Compresses wet with lead-water were applied to the foot ; a bandage of cravat-shape confined the limb to a cushion, and the foot was supported by another bandage, the ends of which were fixed, on the right and left.

Feb. 7th.—The pain has ceased since the reduction of the limb ; and the latter is perfectly *in situ naturali*. Two splints of moistened and softened paste-board were now applied, next the skin, on

each side of the limb, being moulded to its shape, and retained by a bandage.

March 8th.—The apparatus was removed, not having been even tightened since its application. The fracture was found entirely and regularly united and firm. The foot had recovered its natural form; the movements of the tibio-tarsal articulation could be made, but a degree of stiffness still remained.

On the 12th of March, the patient could leave his bed, and he went out of the hospital on the 17th, still using crutches, but bearing his weight upon the foot, and he might be considered perfectly cured.

The rarity of this accident makes the account interesting. M. Malgaigne has collected only eighteen such cases. There are certain peculiarities which increase the interest attaching to the case. The accident was evidently an incomplete dislocation of the tibia forwards upon the tarsus, as proved by the measurements taken, when compared with those made upon the dead body in cases of complete dislocation; and also by the nature of the displacement itself, notwithstanding the difficulty experienced in precisely defining the relations of the osseous surfaces. Nothing positive could be concluded from the information given by the patient—although undoubtedly correct; the action of the circumstances he described, seeming in no wise similar to that usually observed in such cases.

The foot was *fixed*, it is true, but the body was thrown forwards; was the plane an inclined one upon which the foot was thus forced, as Boyer would have it? This it was impossible to determine. The facts relative to the reduction of the injured parts, and the subsequent circumstances, are especially remarkable; the reduction was effected by simple traction made in the axis of the limb, and it was, moreover, immediately successful.

Dislocations of the foot have always been esteemed very difficult of reduction; an opinion which is hardly admissible in our day. The most serious difficulty would seem to be the keeping the parts in apposition—the maintenance of the reduction. And it is especially in incomplete dislocations that this difficulty has always been greatest and that the most serious accidents have occurred. This case constitutes a complete exception to previous observations; for after an easy reduction, its maintenance was even more easy. The limb remained for two days without apparatus, and pasteboard splints, alone, were sufficient. We may even believe that a proper position, and prevention of any motion, would have been fully as successful.

The case is remarkable for its simplicity throughout; and the patient, as M. Velpeau said at his clinical lecture, was found, immediately after the adjustment of the limb, with only a simple fracture of the fibula, which got well under the ordinary treatment, and in the usual time.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JUNE 9th.—*Glandular Hypertrophy of the Breast of 28 years Duration.*
Dr. CLARK showed the specimen and reported the case.

S. F., a married lady, 62 years of age, presented herself at the Mass. General Hospital with a very large, movable tumor of the right breast, of which she gave the following history. Twenty-eight years since, she noticed a small, hard lump in the right breast, which did not alarm her, as it was neither painful nor tender. Soon after this she nursed a child, and from that time she thinks its growth commenced. At first of the size of a common bean, it soon became as large as a hen's egg, and gradually increased till last year, since which time its growth has been very rapid. It now occupied the whole gland, and was at least three times its natural size. The axillary glands were not affected, and her general health was good.

The disease was considered to be *glandular hypertrophy*, and the removal of the tumor was recommended.

The next day it was removed by the usual elliptical incisions. The flaps of skin came readily together, and were secured by sutures and adhesives.

June 12th, the fifth day, erysipelas, in a mild form, made its appearance about the wound, and gradually extended, during the next ten days, over the whole chest, down the back and over the right arm. During the next ten days it gradually subsided and disappeared. The patient was discharged well, July 11th.

There was but little constitutional disturbance during its whole progress.

The treatment consisted of the application of dried flour locally, and the administration of quinine internally, with nourishing diet, ale and cider *pro re nata*.

The tumor weighed two and a quarter pounds; was lobulated, and involved the whole breast, extending to the axilla. In its centre was found a rounded, calcareous mass, resembling in shape and size the head of the humerus.

The following is Dr. SHAW's statement of the microscopical appearance of the portion examined by him.

"The fragment of tumor appears to be a glandular hypertrophy.

"It is composed of lobules in which the epithelium is well marked, with abundant fibrous tissue, and a quantity of fibro-plastic elements, such as are commonly found in hypertrophied glands. There is no cancer structure apparent under the microscope."

Dr. ELLIS gave the following as the result of his examination.

"Fragment of tumor contained much fibrous tissue and many lobules, which looked like masses of small nuclei. In the latter no nucleoli could be distinguished. Numerous small, round or oval free nuclei were, however, seen, containing one or two small nucleoli. Tubuli, lined with epithelium, also were noticed. The disease was evidently glandular hypertrophy."

He adds, "I examined it also with reference to the existence of cysts. On puncturing many parts of the external surface, there exuded a somewhat milky fluid, which had been contained in fissures or flattened cavities of no great extent. The fluid contained numerous cells and free nuclei of an epithelial character. Projecting into the fissures from various parts of

their walls, were warty vegetations, some of which had a linear or laminated arrangement. One of the largest of these cavities contained a yellowish fluid, somewhat resembling olive oil. In this, in addition to the epithelium, were found many fat globules, and large spherical corpuscles, apparently formed by the aggregations of the same."

JUNE 9th.—*Mammary Fibro-plastic Tumors.* Cases reported by Dr. GAY.

In connection with the case mentioned by Dr. Clark, Dr. Gay referred to that of Ellen McFaine, 25 years old, who entered the Hospital August 29, 1855, with a similar disease of the right breast.

The patient could refer to nothing, as an assignable cause of the disease, but a pretty severe blow in that region, from her husband, three years before. A temporary suffering followed, and in a very short time the part resumed, apparently, its natural position.

A year ago, for the first time, she noticed a small, movable "bunch," of the size of a hazel nut, situated to the inside of the right nipple, midway between that and the sternum. There was no change in the color of the skin, nor the slightest pain. Its growth had been very slow till within the last three months. Six months after she first perceived it, it was of the size of a hen's egg. For the last three months, it had enlarged very rapidly, the patient saying, that it seemed to her as if she could almost see it grow. For the last eight months, the pain had been exceedingly severe, of a darting, leaping character, and always in one and the same spot, the place of origin of the disease. The color of the skin remained natural till three months ago, when the subcutaneous veins became enlarged and tortuous. Soon a capillary redness of the skin was seen, which slowly increased. At present, there is a large irregular swelling with firm lobes, elastic, not painful on pressure, freely movable and pendulous, inconvenient from its weight and dragging; the circumference about its base being $19\frac{3}{4}$ inches, and from skin to muscle, $4\frac{1}{2}$ inches. The skin was nowhere adherent to the tumor.

Sept. 1st, the tumor was removed, with a large portion of skin, including the nipple. There was no unusual bleeding, but a few small vessels requiring ligatures. Its weight was two pounds, eight ounces. Under the microscope, fibro-plastic material was found in large quantities, together with what might be called glandular hypertrophy. The wound healed kindly, and the patient was discharged well, on the 25th of the same month.

The patient continued very comfortable and without any trouble, till some time in the following December, when she noticed a small growth, near the old cicatrix, of the size of a pea, and perfectly movable. This was very rapid in its growth, much more so than the first, and attended with severe lancinating pains. When she entered the hospital, the second time, May 22d, 1856, the tumor was about twice the size of the former one, with no difference, except in size, in the symptoms, feel, and general appearance. There seemed to be three distinct large lobes, with some adhesion to the skin, in the neighborhood of the cicatrix. Its deep attachments were very loose, so that it was freely moved in every direction. It extended higher up into the axilla, much more so than in September. There was no enlarged axillary or cervical gland. The patient was anxious for an operation.

May 24th.—The tumor and cicatrix were removed without the least difficulty. The lips of the wound were not brought together, as it was desirable to have it closed by granulations. On a section of the mass, it pre-

sented the same appearances to the eye, exhibited by the first tumor. It weighed $4\frac{1}{2}$ lbs. Under the microscope, a precisely similar structure was found, namely, fibro-plastic material, and glandular hypertrophy.

This case is interesting, from its rapid recurrence, about three months from the first operation, its rapid and great growth in about five months, and the lancinating, leaping character of the pain. The recurrence and increase were as rapid as is seen in cancerous affections. The same lancinating character of the pain was present as in scirrhus masses.

Another important and interesting case, alluded to by Dr. Gay, was that of Miss Cushing, of Hull, aged 40 years. She had observed an increase in the size and hardness of her left breast, for several months, without any particular reason. At no time, had there been any pain. As it had enlarged very rapidly, the week previous to the operation, she became alarmed, and advised its removal. Accordingly, on the 3d of April, 1855, a large, regular, perfectly movable tumor of the left breast, from four to five inches in diameter, and four inches thick from skin to pectoral muscle, was removed. The skin was perfectly natural in color, softness and mobility. The wound healed in a short time, without any unpleasant symptom. There was a recurrence, and on June 8th, a bosselated, elastic tumor, of the size of the first, principally involving the cicatrix, was again removed. July 25th, a tumor similar in size and general look, near the last cicatrix, was removed. Sept. 27th, another tumor, adherent at the base, was removed, together with a portion of the muscle. Oct. 12th, another operation was performed, removing every thing down to the intercostal muscle. Oct. 23d, the disease had returned in about the same spot, was strongly adherent, and as large as an orange. Another operation was not advised. There was no glandular enlargement. During the whole period of the progress of the disease, the patient had been almost entirely free from pain.

Under the microscope, the fibro-plastic material always preponderated. There was nothing like cancer cell.

The patient lingered till the 8th of February, 1856, when she died. At the time of her death, the tumor was enormous, being, in circumference, as large as a large wash-bowl, and five inches or more in thickness, reaching up to the patient's chin. From the attending physician's account, it must have weighed ten or fifteen pounds.

Here is the recurrence of a disease, and rapidity of progress, unquestionably much greater, in the same period of time, than in any form of cancerous growth.

At each time the operation was urged by the patient. In ten months from the first operation, the disease terminated fatally—after five separate recurrences, and four operations at intervals of from one to two months.

Another case of fibro-plastic disease was referred to by Dr. Gay, where there were at least three different operations, then a further recurrence, which was fatal, within a year.

Also, still another case, at present of about a year's standing, in which a recurrence was noticed four or five months after an operation, and now any attempt at removal is perfectly hopeless.

Dr. BIGELOW remarked upon the connection between sero-cystic disease which seems to be comparatively common abroad, though not so here, glandular hypertrophy, and the form of disease presented in the case of Dr. Clark. The sero-cystic disease consisting of serous cysts, which contain more or less hypertrophied glandular tissue hanging off into their interior and perhaps at last filling their cavities, causing distension of the breast, rupture

of the surface, and ulceration; the glandular hypertrophy, in its common form, presenting rounded, hard tumors, movable and generally not recurrent; and being, together with the present form of the disease, equally characterized under the microscope, by the lobulated and somewhat irregular glandular outline distinctive of hypertrophied gland. But the form of the disease which is now shown to the Society he believed to be of comparatively rare occurrence. It is the second case reported here, and the third specimen which has been shown to the Society. The first specimen was removed at the Hospital by Dr. Hayward, some years since, and was then exhibited to the Society by Dr. Bigelow. It again recurred, and the patient entered the Hospital about two years after, when it was again removed by Dr. Warren. It is this recurrence which characterizes this variety of glandular hypertrophy, and which, indeed, is not its only affinity to malignant or semi-malignant growths; for while it presents, microscopically, the common appearance of hypertrophied glandular tissue, it also presents a very large proportion of simple cellular and nucleated tissue, destitute of glandular structure; this fibro-plastic tissue apparently increasing with recurrence of the growth, and, at last, greatly predominating over the glandular structure. The gross appearance of this disease differs from those previously described, in being, to all appearance, a simultaneous and uniform enlargement and transformation of the whole breast, instead of a cystic disease with internal growths, or a separate mass of hypertrophy, as in the tumors before alluded to.

In reply to an inquiry of Dr. Gay, how Dr. B. explained the recurrence of the disease after the complete removal of the breast, Dr. B. remarked, that when the very considerable size of these breasts, and the soft, and, in some places, gelatiniform character of the tissue is considered, together with its adherence to surrounding structures, the great difficulty of completely removing every portion of the diseased tissue is apparent. Dr. B. considered that in this case, as in the frequently occurring cases of soft tumors of a cellular structure elsewhere, not surrounded by a distinct and firm outline, small portions will inevitably be left in the dissection, in spite of every precaution; especially when it is impracticable, as here, to remove the adjoining healthy tissue, which has been exposed to infiltration by the growth. Dr. B. gave it as his impression, that the softer this tissue, the greater is its tendency to return.

Dr. CLARK had seen two cases of the partial hypertrophy, before described, within the past year.

In referring to the case reported by Dr. Gay, Dr. ABBOT inquired as to the expediency of operating, when there is such liability to recurrence, this evidently having been hastened in the case above alluded to.

Dr. Gay stated in reply, that he operated, in the case referred to, at the urgent request of the patient.

Dr. Bigelow was of the opinion that the patient should have the benefit of the chance in such cases, especially as rapidly-increasing disease is the patient's only alternative; and as there is yet some doubt about the character of this disease, which is, as far as is now known, purely local.

Dr. Clark remarked that he had seen several cases of glandular hypertrophy where no recurrence took place, and thought that of Dr. Gay exceptional.

With regard to the use of words in such cases, Dr. Bigelow remarked that he did not call a tissue malignant so long as it presented glandular structure.

Dr. Gay stated that Dr. ELLIS did not find any trace of glandular structure in the specimen from the case reported by him, which was after repeated recurrence and removal.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 14, 1856.

PENINSULAR JOURNAL AND DR. STORER.

In the *Peninsular Journal of Medicine* for June, 1856, page 564, appear the following editorial remarks :

"HUMPHREYS R. STORER, PROFESSOR OF MIDWIFERY IN THE M. M. COLLEGE, BOSTON.—It is so rarely that one sees admitted into the columns of the *National Intelligencer*, even in the way of advertisement, anything disorganizing or pernicious in its tendencies, that my attention was specially arrested by the appearance of a card in that venerable journal, giving notice to the inhabitants of Washington, of the arrival in that city of a German Homœopathist, by the name of Perdbeau, recently from Boston. But the surprise naturally excited by the insertion of the notice in an organ uniformly so conservative, was soon merged in a feeling of disgust on learning by its perusal that this Teutonic Quack was permitted to refer to Humphreys R. Storer, of Boston. We say permitted, for we can hardly conceive that even Homœopathic impudence, famous everywhere for its unblushing effrontery, would dare perpetrate such an act of audacity as to refer, without his consent, to a gentleman whose name was to be used, and the influence of whose public professional position was to be invoked in aid of the designs of the impostor.

"This statement is made as a reason for instituting the inquiry, what relation this Dr. Storer bears to the medical profession in Boston? And whether it is possible that one of this name affiliated to our friend H. R. Storer, M.D., can have so far forgotten the respect due his natural and professional allegiance as to allow his name to be merged in the advertisement of a mountebank?

"Boston can answer for itself, but for us, who live in the neighborhood of the granaries of the West, we have learned to separate the wheat from the tares, and have also learned one other thing from the customs of rural life, that of keeping a partition wall between the wolves and the flocks."

The contemptuous and insulting tone of the above paragraphs would deserve no notice, were it not for certain facts which we will specify.

In the first place, Dr. Zina Pitcher, the senior editor of the *Peninsular Journal*, is too well acquainted with the professional character of Dr. Storer to believe, for a moment, anything derogatory to the honorable bearing and keen conscientiousness of feeling which uniformly characterize his course, and have done so through the whole of his medical career. Had he been a stranger to him, there might be some excuse for so offensive an attack; but, even then, the gentlemanly and courteous mode of procedure would have been a private note of inquiry to the supposed offender. *En passant*, we may say that the astonishing perversity in misspelling and misnaming which characterize the effusion above quoted, and others in this and several Western journals, is a little ludicrous and quite unnecessary. The editors of the *Peninsular* knew very well, could they only have put off a certain slipshod habit of arranging their sentences—which, by the way, is aptly copied by their compositors and proof-readers—that Professor Storer's name is not what they have made it; and, moreover, the name of "*Perdbeau*" is, we have his authority for saying, wholly unknown to him. We have the charity, however, to believe that it is a careless reading and printing for *Perabeau*.

We are content to concur with the graceful and courteous writer of the editorial note quoted, in his remark as to the capability of Boston to answer for itself, and sincerely commiserate him and his brethren who are occupied in "keeping" in order the "partition wall" between the prairie "wolves"

and the sheep. Should this occupation engross much of their time, however, the latter may rapidly succumb to rot developed within the fold.

When the attention of Dr. Storer was called to the above libel upon his professional character, he immediately wrote the note which follows and which we transfer to our pages from a copy of the original one sent to Dr. Pitcher. It speaks for itself, and in our opinion is couched in terms which correctly, but very mildly, describe the "unwarrantable attack."

BOSTON, JUNE 19th, 1856.

DEAR SIR,—In the last number of the "Peninsular Journal of Medicine," I find a scurrilous and most unwarrantable attack upon me, by one of its conductors or with their permission.

As the President of the American Medical Association is senior editor of that Journal, an importance may be attached to the article in question, which would otherwise be unnoticed. I feel called upon, therefore, to state that the allegation, so far as it has reference to me, is *false*, and that, for more than thirty years, it has been my constant effort to maintain the honor of our profession—and no man has the right to call me "his friend" who would intimate otherwise.

Respectfully,

DAVID HUMPHREYS STORER.

I will thank you to insert the above in your next number, that my reply may follow the slander.
D. H. S.

In the July number of the *Peninsular Journal*, the editors have published this note, and they accompany it with certain remarks—before presenting which, we must call attention to the fact of the introduction of the word "malicious," in place of "scurrilous" as used by Prof. Storer. The misquotation is rather worse than the misspelling and the misnaming—in fact it is a *miss* altogether. That the word was substituted, is very apparent, not only because it is in the *Peninsular's* printed version, but also because Dr. Pitcher (or whoever wrote the article) has used the word "scurrility," placing it in quotation marks, as if from Dr. Storer's note. Here are the editorial comments to which we refer.

"MATTERS PERSONAL.—MEDICAL CARD.—Dr. H. Perlebeau, German Homœopathic Physician, has the honor to offer his services to the inhabitants of Washington and vicinity. Dr. P. has been during the last three years assistant of the celebrated Dr. Hoffendahl, in Boston, and feels confident to merit a share of the public patronage. Children and Female diseases, bowel and summer complaints, fall especially under his treatment.

"Office on D street, 2d door west of 9th, where he will be found from 9 to 12 in the morning and 4 to 6 in the evening.

"Residence 1 street, 138, between 20th and 21st.

"References—Dr. Hoffendahl; Dr. Wesselhoft; Humphreys R. Storer, Professor of Midwifery in the M. M. College in Boston, &c."—*Tri-Weekly Intelligencer*, May 13, 1856.

In our issue for June at pages 564 and 5, after alluding to the preceding card in language which we supposed might give offence to the author of it, the following paragraph occurs, which is now re-produced, in order that the reader of the note from Professor Storer may be fully aware of the nature of the "attack" made upon him through this Journal, and of the degree of "scurrility" which entered into the structure of the language employed in making an inquiry, which we supposed would naturally arise in the mind of every medical reader of the *Intelligencer*, and which we believed Dr. Storer would thank us for giving him an opportunity to answer in a manner much more emphatic and direct than he has chosen to do, in the note which he requests us to publish. Here is the paragraph referred to.

"This statement is made as a reason for instituting the inquiry, what relation this Dr. Storer bears to the medical profession of Boston? And whether it is possible that one of this name, affiliated to our friend H. R. Storer, M.D., can have so far forgotten the respect due his natural and professional allegiance, as to allow his name to be merged in the advertisement of a mountebank?"

Our readers, we think, will fail to perceive any "allegation" made by us, affecting the professional honor of Professor Storer, or, an "intimation" even, that he had done aught to tarnish that of the body to which he belongs, and by which he has been distinguished.

If David Humphreys Storer is not the person referred to by the Homœopathist, we have done him no wrong; but if he is the physician referred to, the wrong has been done by another party who should be called upon to make the required statement, instead of ourselves. Feeling that we can acquit ourselves, both of the desire and design, to wound either the honor or the sensibilities of a professional gentleman, we shall at all times hold ourselves under obligation, when convicted of either, to make the amplest reparation the case will admit of.

We confess ourselves at a loss to discover any more "emphatic and direct manner" of answering any charges than that of pronouncing them "*false*," as Prof. Storer has done; perhaps other modes may be known to

Dr. P.;—a description of them, and of the process of using them, would be interesting.

So far from "failing to perceive" any allegation affecting Prof. Storer's professional honor, in the first article from the "Peninsular," we do very distinctly see it, and condemn it. Let those who read, judge for themselves. If it were not intended, by the coarse article first published in reference to this matter, to give an "intimation, even," that Dr. Storer had done something to tarnish the honor of the body to which he belongs, "and by which he has been distinguished," why pen the mischievous sentences at all? If no harm had been done, why find fault? We fail to observe any logical acumen in this attempt of the editor to disengage himself from the awkward and self-assumed position of a false accuser. If he wished to discountenance the unlawful and unauthorized use of a professional brother's name, by one whom he terms "a mountebank," the proper way was open—could he not write a note, privately, to Dr. Storer, and ascertain the facts? Why should he jump at a conclusion proved to be so "lame and impotent"? What right had he publicly to assail a well-known and honorable physician, upon no other grounds than the seeing his name appended to an advertisement? Had he thus asked the question of Prof. Storer, and ascertained that his discreditable suppositions were, *in any degree*, correct, it would then have been the time to rebuke—but *not until then*. An editor, who can, at short intervals, distribute his opinions over the entire country, should never allow his private dislikes to influence his official language, nor empty the vials of his personal wrath upon his victims by means of his printed pages. We are informed that the most pleasant relations have hitherto existed between the parties involved in this disagreeable affair, and are therefore the more astonished at the whole performance. We are enabled, on the authority of Prof. Storer himself, to present the *facts* in relation to his acquaintance with the Dr. Perabeau, whose very culpable conduct, in using Dr. Storer's name without his permission, has caused so much trouble. A full and prompt apology is demanded from *him* for thus originating the difficulty, no less than from the editor of the *Peninsular Journal* for publishing and denouncing an innocent man, without any knowledge of the truth, so easily to be obtained from him.

Dr. Storer gives to us, in writing, the following information.

"During the last winter, a gentleman by the name of *Perabeau* attended the medical lectures in our School. He was always at my lectures, and was a faithful student. It occasionally happened, after my lecture, finding he was going towards the centre of the city, I would offer him a seat in my vehicle, as I had often done to others, under similar circumstances. I have not seen, nor heard of, him since—nor did I know he was now alive, until the appearance of the note from the Editors, prefixed. It seems he is now a practising physician—homœopathist—and he has referred to *me*. In doing so, *he has done wrong*—because the inference may be drawn that *I had allowed him* to do so. He does not say this, however:—feeling that he was a faithful pupil, he has seen fit to refer to me, as men are every day referring to others, for their character, without asking the right to do so—thus showing their confidence in their authority. As an homœopathist, for it seems he is one now, I know *nothing* of him—but as a medical pupil, I knew, and respected him."

Had it been the fervent wish of the editors of the *Peninsular Journal of Medicine* to bring the Homœopathist Perabeau into very favorable notice, there could hardly have been a more effectual method adopted; for by thus

obliging a well-known medical professor to testify to his faithfulness and zeal as a *medical pupil*, they give him an enviable position before the community, and those amongst whom he resides are all the more likely to employ him, as it is presumable his present zeal is commensurate, at least, with his former devotion to study. Never was a trumpet blown more to the discomfiture and disgrace of its owner—we only hope the result of the ill-advised blast may teach the wisdom of avoiding that extravagant tendency to *polemics* which disfigures some of our medical journals. We recommend to their attention the good old adage, "*look before you leap*;" and the somewhat more modern one, "be sure you are right—then go ahead!"

It can hardly be expected that practitioners, who (like Prof. Storer) are constantly and fully occupied, will hereafter think it worth their while—after having for thirty years, or more, striven for the honor of the profession, as well as to preserve their own—to cultivate, at great sacrifice of professional emolument, the personal acquaintance of their more distant brethren at meetings of the American Medical Association, if those who stand highest in the ranks of that body, either wilfully or carelessly commit, or authorize, such outrageous attacks upon a professional brother through the medium of their pages.

PHYSICIANS' ACCOUNT BOOK.

THERE is no end to the complaints among physicians about the difficulties of keeping their accounts. These difficulties arise from various causes, but chiefly from the number of small items, mostly similar in amount, which, to a practitioner doing an active business, it is almost impossible to enter regularly in a day-book, and still more so to transfer to each patient's account in the ledger. Various contrivances have been proposed to facilitate book-keeping for medical men, which generally agree in having ruled columns for the days of the month, in which the visits are entered. One of the most convenient we have seen is that of Dr. H. W. Williams, of this city; it is to be used with or without the ledger, and is adapted for a cash book without change of ruling, a number of leaves being reserved for that purpose at the end of the book, and bound upside down, to prevent confusion. We have used Dr. Williams's method and found it very useful; it is not for sale, however, a few copies only having been struck off for subscribers. Many physicians employ only the "Visiting List" and a ledger, the accounts being occasionally transferred from the one to the other. The objection to this arrangement is that the charges cannot be proved, the original entry only being admitted as evidence in a court of justice, and there is no column in the "Visiting List" for the *amount* charged.

A new "method" has lately been issued by Mr. Clapp, publisher of the JOURNAL, which appears to obviate the difficulties hitherto found, and by its simplicity, convenience and compactness, will recommend itself strongly to physicians. It consists of a day-book, cash-book and ledger, all combined in one volume. The day-book, or journal, contains ruled columns for the name, member of the family, day of the month, and for the amount charged. Under each day, and opposite the names of the respective patients, are to be entered the visits made, the operations performed, &c., on that day. For this purpose, a series of symbols or private marks may be used. At the end of the month, the amount charged is to be placed opposite each name, in the column for that purpose, and may afterwards be transferred, at some convenient time, to the ledger, which is at the end of the book. Where circumstances make it desirable not to open a separate ac-

count with a patient in the ledger, the amount charged may be seen at a glance in the journal. Between the journal and ledger is the cash-book, having a debtor and creditor side on each page. In the former are to be entered all amounts received from patients for medical services, and in the latter all expenses incidental to business, such as rent, medicines, instruments, books, expenses of horses, &c.

We feel convinced that this account book is as complete and as convenient as any that can be contrived for the use of physicians, and we strongly recommend it to the profession. It may be obtained at this office.

Yellow Fever in New York.—It will be observed that a paragraph on the last page states that several cases of yellow fever have occurred at the quarantine in New York. We learn that there are at that station about 120 vessels, most of which are from ports where the disease prevails, and that no restriction is placed upon those employed on board these vessels who wish to go into the quarantine village, or up to the city. Several cases of fever have occurred outside the walls, and, in consequence of this state of affairs, the inhabitants of Tompkinsville (Quarantine) have held a meeting and formed a Vigilance Committee, whose duty it shall be to prevent persons from passing out of the gates into the village.

Braithwaite's Retrospect.—We understand that the 33d No. of Braithwaite's Retrospect is received, and has been distributed to all the members of the Massachusetts Medical Society who have paid their annual assessment. Members who have paid their dues to District Treasurers will please send their certificates of payment to the Librarian, J. B. Alley, 35 Boylston street.

Health of Boston.—There has been a great diminution in the number of deaths during the last week, 78 instead of 98. Cholera infantum is still very fatal, 16 fatal cases having been reported. Dysentery begins to make a conspicuous appearance, having caused 8 deaths. There were 11 deaths from consumption. The number of deaths of those under 5 years is 46.

Books and Pamphlets Received.—The Half-Yearly Abstract of the Medical Sciences, edited by W. H. Ranking, M.D., and C. B. Radcliffe, M.D. (From Lindsay & Blakiston.)—Deductions from Prussian Vital Statistics, by E. B. Elliott, of Boston. Calculated at the special request of the N. E. Mutual Life Insurance Co.—Bill of the Mortality of the city of Lowell for the year 1855.—Edema Glottidis, resulting from Typhus Fever. By Thomas Addis Emmet, M.D. (From the American Journal of Medical Sciences.)

MARRIED.—In Coleraine, 29th ult., F. A. Sawyer, M.D., of Sterling, to Helen M. Deane, of Coleraine.

DIED.—In Salem, 6th inst., suddenly, Dr. John G. Treadwell, 51.—In Middletown, Conn., 28th ult., Dr. E. Tracy, 93.—In New York, 19th ult., James Cockcroft, M.D., in the 64th year of his age.—In Lenox, 5th inst., Dr. Robert Worthington, 64.

Deaths in Boston for the week ending Saturday noon, Aug. 9th, 78. Males, 40—females, 38. Apoplexy, 1—disease of the brain, 1—congestion of the brain, 2—consumption, 11—convulsions, 3—cholera infantum, 16—dysentery, 8—dropsy in the head, 3—drowned, 3—infantile diseases, 4—erysipelas, 1—scarlet fever, 2—disease of the heart, 2—marasmus, 2—measles, 2—old age, 1—palsy, 1—pleurisy, 1—premature birth, 1—teething, 3—tumor, 1—unknown, 7. Under 5 years, 46—between 5 and 20 years, 5—between 20 and 40 years, 14—between 40 and 60 years, 6—above 60 years, 7. Born in the United States, 61—Ireland, 12—England, 2—Germany 1—Scotland, 1—Nova Scotia, 1.

Association of American Dentists.—This body assembled in New York, on Wednesday, Aug. 6th, John B. Rich, Esq., President, in the Chair. Mr. Chevalier, of New York, manufacturer of dental instruments, was admitted a member, by a vote of 17 to 14. Mr. Kearsing, of Brooklyn, manufacturer of dental apparatus, was refused admission. The following officers were chosen:

President, Dr. Chapin A. Harris, of Baltimore.

Vice President, Dr. Daniel Neal, of Philadelphia.

Recording Secretary, Dr. Elisha Townsend, of Philadelphia.

Corresponding Secretary, Dr. W. W. Allport, of Chicago.

Statistics.—We notice in the Cincinnati Medical Observer, that in Ohio, physicians are required by law to make returns of the births and deaths coming under their observation. For this purpose they are to be furnished with blanks, by the Secretary of State. In this respect Ohio is ahead of Massachusetts, and her vital and mortuary statistics will undoubtedly prove of great accuracy and value. When shall we have a law obliging physicians, instead of undertakers, to make mortuary returns?

The Yellow Fever in New York.—The whole number of cases of yellow fever that have occurred at quarantine this season is 80; of which 46 have come directly from shipboard, 10 from the neighboring village, and 17 from the city; but all are traceable directly to the infection taken from ships in the harbor. In one case, three men sickened from pumping out an infected vessel from St. Thomas. The others were Custom House officers, and captains of vessels, or their families, who had come up to the city, but all were returned to the Marine Hospital, where the treatment was very successful. Of the whole number, but eight persons are reported to have died. From this it will be seen that there is absolutely no fever in the city; all of it is imported, and for the last week only one case occurred within the city limits.

Monthly Report of the New York Dispensaries.—Aggregate number to whom medical services and medicine were rendered gratuitously during the month of July:—Males, 3,212; females, 5,025. Born in the United States, 2,835; born in foreign countries, 5,402. Sent to the Hospital, 310; died, 88. The principal causes of death were—cholera infantum, consumption and marasmus. The prevailing diseases chiefly affected the digestive system; among the most important were—cholera infantum, diarrhœa and marasmus.—*N. Y. Times.*

Brooklyn Central Dispensary.—From the Annual Report just made by the Trustees of this Dispensary, we make the following abstract. During the year, 1,633 patients were treated:—Males, 716; females, 922. Adults, 1,062; children, 576. Natives of the United States, 632; Ireland, 865; England, 77; Germany, 46; Scotland, 6; Sweden, 4; Norway, 4; Denmark, 2; Canada, 1; France, 1. *Diseases*—Surgical, 503; abdomen and head, 412; chest and throat, 221; fevers, 160; skin, 76; eye and ear, 63; nervous system, 61; diseases of females, 51; pregnancy, 21; vaccination, 65. Number of patients attended at their residences, 123. Patients discharged cured or relieved, 1,555; died, 12; remaining under treatment, 71. Prescriptions gratuitously dispensed, 4,320.—*Id.*

The medical department of the University of Nashville has the largest and best fitted-up museum room in the United States. It is 65 feet long and 50 feet wide, with 23 feet from floor to ceiling, with a gallery extending entirely around the room. Professor Eve has gone to Europe to expend six thousand dollars exclusively in purchases for it. The library embraces a collection of three thousand volumes.—*N. Y. Medical Times.*

Successor to Professor Gross.—Dr. D. W. Yandell is spoken of in the Louisville papers as the probable successor of Professor G. Dr. Yandell has the reputation of being a vigorous writer, and a lecturer of uncommon force and eloquence.—*Id.*

The Cæsarean section was recently successfully performed in Richmond, Va., by Dr. Charles S. Mills, on a negro dwarf, 3 feet 9 inches in height—both mother and child doing well. The operation, it is said, has never before been successfully performed in that State.